

Technician Performance Appraisal Report

Technician Name: Doe, J.	SSAN: 123-45-6789
Title/Series/Grade: Welder WG-3703-10	
Duty Location: Camp Roberts	Rating Period: 1 Dec 00 thru 30 Nov 02

Part I. Critical Elements

Critical Elements (list no more than five)

A. Welding Operations: Performs welding operations.
B. Planning and Layout: Job requires ability to layout work .
C. Shop Operations: Plans work flow.
D. Quality Control: Ensures that fabrication or repair is within required tolerance, fit and finish to perform as required.
E. Safety: Must use the required safety equipment and procedures at all times.

Rating

Check Appropriate Level:

☒ Fully Successful
☐ Unacceptable

☒ Fully Successful
☐ Unacceptable

☒ Fully Successful
☐ Unacceptable

☒ Fully Successful
☐ Unacceptable

☒ Fully Successful
☐ Unacceptable

Performance Indicators: Check the applicable Critical Element letter(s)

Q Quality

Knowledge of Field or Profession: Maintains and demonstrates technical competence and or expertise in areas of assigned responsibility.
Accuracy and Thoroughness of Work: Plans, organizes and executes work logically. Anticipates problems and determines appropriate solutions. Work is correct and complete.
Soundness of Judgement and Decisions: Assesses tasks objectively, researches and documents assignments carefully. Weighs alternative courses of action. Considering implications makes and executes timely decisions.
Effectiveness of Written Documents: Written work is clear, relevant, concise, well organized, grammatically correct and appropriate to audience.
Effectiveness of Communications: Presentation meets objectives, is persuasive tactful & appropriate to audience. Demonstrates attention, courtesy, and respect for all other points of view.

All	A	B	C	D	E
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Timeliness of Meeting Deadlines: Completes in accordance with established deadlines.
Effectiveness of Supervision: Directs and coordinates activities of unit, assuring deadlines are met. A coach, counsels, develops and utilizes staff effectively, demonstrating a commitment to the workforce.
Other (specify):

All	A	B	C	D	E
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

T Teamwork

Participation: Willingly participates in group activities, performing in a thoroughly professional manner. Communicates regularly with members. Seeks team consensus.
Leadership: Provides encouragement, guidance and direction to team members as needed. Adjusts style to fit situations.
Cooperation: Supports team initiatives. Demonstrates respect for team members, accepts the views of others, and actively supports team decisions.
Other (specify):

All	A	B	C	D	E
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C Customer Service

Quality of Service: Delivers high quality products and service to both external and internal customers. Initiates and responds to suggestions for improving service.
Timeliness of Service: Delivers quality products and services in accordance with time schedules agreed upon with customers.
Courtesy: Treats external and internal customers with courtesy and respect. Customer satisfaction is high priority.
Other (specify):

All	A	B	C	D	E
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Progressive Review

Date of review and signature of technician and Rating Official. (Six (6) month review require) This does not replace the requirement to record on NGB 904-1.

Date: _____

Rating Official Signature: _____

Technician Signature: _____

Part IIA Probation Report

☐ Recommend Retention

☐ Recommend Non-retention

Rating Official Signature: _____ **Technician Signature:** _____

Date Signed: _____ **Date Signed:** _____

Part III Summary Rating

☐ Fully Successful



Unacceptable (Requires a summarization in the space below of the basis for the rating. If additional space provide comments as an attachment)

Part IV Certification

Technician's signature certifies review and discussion with Rating official. It does not indicate concurrence with the information on this form.

Critical Elements/Performance Indicators (Sign when plan is established/updated)

Technician Performance Appraisal Report (sign when rating is complete)

 _____ Rating Official	_____ Date	_____ Rating Official	_____ Date
 _____ Technician	_____ Date	_____ Approving Official	_____ Date
		_____ Technician	_____ Date